



PlayGolf Clinics

Registration Form

Participant Details

Name			
Email			
Postal Address	Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Suburb & State	Phone		
Date of Birth	Gender		

Clinic Details

Venue	Type (Mixed, Women's etc.)	
Level (1 or 2)	Day of clinics	
Date clinics commence	Time of clinics	

Payment Details (and Tax Invoice) – GV ABN 26589569172

Payment By	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
Please make Cheques payable to Golf Victoria Limited				
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Name as it appears on card		
Signature	TOTAL		\$	

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